## FINANCIAL AFFIDAVIT N SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT

	UNITED STATES	MAGISTRATE [] DISTRICT [] APPEALS COURT or [] OTHER PANEL (Specify below)	
IN THE CA	- <b>)</b> -	Cras Some FOR N. D. IC	LOCATION NUMBER
<b></b>		FAT 1 (1/4 E D)	
P	PERSON REPRESENTED (Show your full name)  SUIU 30 2008   1/2 Defendant—Adult		DCCKET NUMBERS
		JUL 3 0 2008  16 Smr 74  JUL 3 0 2008  1 Appellant  1 Appellant	1 " 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	OKA	3 ☐ Appellant  MICHAEL W. DOBBINS 4 ☐ Probation Violator	District Court
<u> </u>	CHARGE/OFFENS	SE (describe if applicable & check CLERK, M.So DISTRICT COURT. Parole Violator 6 - Habeas Petitioner	Court of Appeals
211		1-S-C § 8Y6  7 □ 2255 Petitioner 8 □ Material Witness 9 □ Other (Specify)	
		ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY	
	<u> </u>	Are you now employed? ☐ Yes 🌠 No ☐ Am Self Employed	
	EMPLOY- MENT	Name and address of employer:	f I I I
		IF YES, how much do you earn per month? \$ How much did you earn per	
•		If married is your Spouse employed? ☐ Yes ☐ No	
	4	IF YES, how much does your  If a minor under age 21, where the specific provided in the specific	eat is your Parents or onthly income \$
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources?		
	OTHER	RECEIVED SOUR	
ASSETS -	INCOME	IF YES, GIVE THE AMOUNT L	
		THE SOURCES	
,	CASH	Have you any cash on hand or money in savings or checking account   Yes No IF YES, state total amount \$	
		Do you own any real estate, stocks, bonds, notes, automobiles, other valuable property (exfurnishings and clothing)? ☐ Yes 📉 No	
	PROP- ERTY	VALUE DESCRI	PTION
		DESCRIBE IT	
		JUL 3	0_2008
		MARITAL STATUS Total List persons you actually support and you No. of No. of MICHAEL	
	DEPEN	VIDENTS SINGLE Dependents UNITED STATES W	AGISTRATE JUDGE
		WIDOWED SEPARATED OR	potrior cociti
OBLIGATION & DEBTS	NS DEBTS	DIVORCED	Total Debt Monthly Payt.
	MONT BILLS	HLY OR HOME: \$\$	8 S
	(LIST AL INCLUDI	L CREDITORS, To the state of th	
		DMPANIES, ACCOUNTS, \$	s /8
	I certify the above to be correct.  SIGNATURE OF DEFENDANT		
•	SIGNATURE OF DEFENDANT (OR PERSON REPRESENTED)  Ching Smith 7/26/08		
THE PARTS	MINO A E	ALSE OR DISHONEST ANSWER TO A QUESTION IN THIS AFFIDAVIT MAY BE P	INISHABI E BY FINE OR